MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047554
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 160

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | ITEM NO. | INSTEAD OF | SHOULD READ | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

D+C Copy

FILED DEC 21 1962

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: AURORA
Length of stay in 1b: ****
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: AURORA HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: BARRY
c. CITY OR TOWN: RT#2, AURORA
Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): RT#2, AURORA
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First OPAL Middle VETRICE Last CLEEK

4. DATE OF DEATH: Month DEC. Day 13, Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8/30/07
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): TENNESSEE
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm. HENRY DAVIS
13b. MOTHER'S MAIDEN NAME: ELNORA HUTCHINSON
14. NAME OF HUSBAND OR WIFE: AUSTIN CLEEK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv ** ** ** **)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: AUSTIN CLEEK, RT#2, AURORA, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction
INTERVAL BETWEEN ONSET AND DEATH: Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9:15 A.M. 12-4-62 to 12-13-62 and last saw her alive on 12-9-62
Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. D. Myers (Degree or title) M.D.
22b. ADDRESS: Aurora, Mo.
22c. DATE SIGNED: 12/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12/16/62
23c. NAME OF CEMETERY OR CREMATORY: MAPLE PARK CEMETERY
23d. LOCATION (City, town, or county) (State): AURORA, MO.

24. FUNERAL DIRECTOR ADDRESS: ARNOLD'S FUNERAL HOME: AURORA, MO.
25. DATE RECD. BY LOCAL REG.: 12-16-62
26. REGISTRAR'S SIGNATURE: Georgeta Langley

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1963
JAN 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, Ohio.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.